



Toronto Renovates Form #1
Assessment Request

Applicant Information

Revised April 22, 2016

First Name		Last Name		Date of Birth (mm/dd/yyyy)	
First Name		Last Name		Date of Birth (mm/dd/yyyy)	
Property Address			Apartment No.	Toronto	Ontario
Postal Code	Home Phone No.	Cell Phone No.	e-mail Address		

Latest Annual Household Income see tax form line 150, for all members over 18

Year

Name (First, Last)	Annual Income \$
Name (First, Last)	Annual Income \$
Name (First, Last)	Annual Income \$
Name (First, Last)	Annual Income \$
Note: Please attach additional income information if necessary	Total Household Income
Do you receive Federal Disability Tax Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$

Description of home repairs/accessibility modifications needed

Is there a member of your household with a disability? Yes No

If yes, please describe the type of disability	
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Have you received Residential Rehabilitation Assistance Program (RRAP), Home Adaptations for Seniors Independence (HASI) or Toronto Renovates (TR) funding in the past?

<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which program? <input type="checkbox"/> RRAP <input type="checkbox"/> HASI <input type="checkbox"/> TR	When?	Month/Year
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